Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

TOTAL CLAIMS C	THAN ENTITY
FOR	FEE
INDEPENDENT CLAIMS	
NOBEPENDENT CLAIMS	
# If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II	
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1)	-
CLAIMS AS AMENDED - PART II	
CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR	
REMAINING AFTER AMENDMENT	
TITAL OR HIGHEST NUMBER PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ADDI- TIONAL FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
+140	
Column 1)	
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total * Minus *** = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total * Minus *** = (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT RATE TIONAL FEE X\$ 9= OR X\$18= TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT RATE RATE TIONAL FEE TOTAL ADDIT. FEE COR RATE TOTAL ADDIT. FEE COR TOTAL ADDIT. FEE COR TOTAL ADDIT. FEE	
CLAIMS REMAINING AFTER AMENDMENT Total	L
REMAINING AFTER AMENDMENT	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ADDI- TIONAL FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
+140= OR +280= TOTAL OR ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Total * Minus ** = X\$9= OR X\$18= Independent * Minus *** = X42= OR X84=	
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total **Minus** Independent ** Minus** TOTAL ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE ADDIT. FEE OR X\$18= X\$2= X\$42= X\$42= X\$42= X\$42= X\$42= X\$44=	
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total Independent Minus (Column 2) (Column 3) HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA PRESENT EXTRA RATE TIONAL FEE X\$ 9= OR X\$18= X42= X84=	
CLAIMS REMAINING AFTER AMENDMENT Total Independent	
Total	ADDI- TIONAL FEE
Independent * Minus *** = X42= OR X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR ATELLING	
The state of the s	
+140= OR +280=	-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	